### **SENATE AMENDMENTS**

### 2<sup>nd</sup> Printing

By: Price, Raymond, Burkett, Rose

H.B. No. 2379

#### A BILL TO BE ENTITLED

1	AN ACT
2	relating to the provision of legal services to the office of
3	inspector general of the Health and Human Services Commission.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Section 531.102, Government Code, is amended by
6	amending Subsection (a-3) and adding Subsection (a-7) to read as
7	follows:
8	(a-3) The executive commissioner is responsible for
9	performing all administrative support services functions necessary
10	to operate the office in the same manner that the executive
11	commissioner is responsible for providing administrative support
12	services functions for the health and human services system,
13	including functions of the office related to the following:
14	(1) procurement processes;
15	(2) contracting policies;
16	(3) information technology services;
17	(4) <u>subject to Subsection (a-7)</u> , legal services;
18	(5) budgeting; and
19	(6) personnel and employment policies.
20	(a-7) For purposes of Subsection (a-3), "legal services"
21	includes only legal services related to open records, procurement,
22	contracting, human resources, privacy, litigation support by the
23	attorney general, bankruptcy, and other legal services as detailed

24

in the memorandum of understanding or other written agreement

H.B. No. 2379

- 1 required under Section 531.00553, as added by Chapter 837 (S.B.
- 2 200), Acts of the 84th Legislature, Regular Session, 2015.
- 3 SECTION 2. This Act takes effect immediately if it receives
- 4 a vote of two-thirds of all the members elected to each house, as
- 5 provided by Section 39, Article III, Texas Constitution. If this
- 6 Act does not receive the vote necessary for immediate effect, this
- 7 Act takes effect September 1, 2017.

ADOPTED

MAY 1 0 2017

Lotary Spand
Secretary of the Senate

By: Hinojosa Secret

H.B. No. 2379

Substitute the following for \_\_\_.B. No. \_\_\_\_:

By: Van Taylor

C.S.\_\_\_.B. No. \_\_\_\_

#### A BILL TO BE ENTITLED

1 AN ACT

- 2 relating to the functions and administration of the Health and
- 3 Human Services Commission and the commission's office of inspector
- 4 general in relation to fraud, waste, and abuse in health and human
- 5 services.
- 6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
- 7 SECTION 1. Section 531.102, Government Code, is amended by
- 8 amending Subsections (a-3), (a-6), (j), and (k) and adding
- 9 Subsections (a-7) and (a-8) to read as follows:
- 10 (a-3) The executive commissioner is responsible for
- 11 performing all administrative support services functions necessary
- 12 to operate the office in the same manner that the executive
- 13 commissioner is responsible for providing administrative support
- 14 services functions for the health and human services system,
- 15 including functions of the office related to the following:
- 16 (1) procurement processes;
- 17 (2) contracting policies;
- 18 (3) information technology services;
- 19 <u>subject to Subsection (a-8),</u> legal services;
- 20 (5) budgeting; and
- 21 (6) personnel and employment policies.
- 22 (a-6) The office shall conduct audits, inspections, and
- 23 investigations independent of the executive commissioner and the
- 24 commission but shall rely on the coordination required by

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- 1 Subsection (a-5) to ensure that the office has a thorough
- 2 understanding of the health and human services system for purposes
- 3 of knowledgeably and effectively performing the office's duties
- 4 under this section and any other law.
- 5 (a-7) The chief counsel for the commission is the final
- 6 authority for all legal interpretations related to statutes, rules,
- 7 and commission policy on programs administered by the commission.
- 8 (a-8) For purposes of Subsection (a-3), "legal services"
- 9 includes only legal services related to open records, procurement,
- 10 contracting, human resources, privacy, litigation support by the
- 11 attorney general, bankruptcy, and other legal services as detailed
- 12 in the memorandum of understanding or other written agreement
- 13 required under Section 531.00553, as added by Chapter 837 (S.B.
- 14 200), Acts of the 84th Legislature, Regular Session, 2015.
- 15 (j) The office shall prepare a final report on each audit,
- 16 inspection, or investigation conducted under this section. The
- 17 final report must include:
- 18 (1) a summary of the activities performed by the
- 19 office in conducting the audit, inspection, or investigation;
- 20 (2) a statement regarding whether the audit,
- 21 inspection, or investigation resulted in a finding of any
- 22 wrongdoing; and
- 23 (3) a description of any findings of wrongdoing.
- 24 (k) A final report on an audit, inspection, or investigation
- 25 is subject to required disclosure under Chapter 552. All
- 26 information and materials compiled during the audit, inspection, or
- 27 investigation remain confidential and not subject to required

- 1 disclosure in accordance with Section 531.1021(g). A confidential
- 2 draft report on an audit, inspection, or investigation that
- 3 concerns the death of a child may be shared with the Department of
- 4 Family and Protective Services. A draft report that is shared with
- 5 the Department of Family and Protective Services remains
- 6 confidential and is not subject to disclosure under Chapter 552.
- 7 SECTION 2. Section 531.1021(g), Government Code, is amended
- 8 to read as follows:
- 9 (g) All information and materials subpoenaed or compiled by
- 10 the office in connection with an audit, inspection, or
- 11 investigation or by the office of the attorney general in
- 12 connection with a Medicaid fraud investigation are confidential and
- 13 not subject to disclosure under Chapter 552, and not subject to
- 14 disclosure, discovery, subpoena, or other means of legal compulsion
- 15 for their release to anyone other than the office or the attorney
- 16 general or their employees or agents involved in the audit,
- 17 inspection, or investigation conducted by the office or the
- 18 attorney general, except that this information may be disclosed to
- 19 the state auditor's office, law enforcement agencies, and other
- 20 entities as permitted by other law.
- SECTION 3. The heading to Section 531.106, Government Code,
- 22 is amended to read as follows:
- Sec. 531.106. LEARNING, [OR] NEURAL NETWORK, OR OTHER
- 24 TECHNOLOGY.
- SECTION 4. Sections 531.106(a), (c), and (g), Government
- 26 Code, are amended to read as follows:
- 27 (a) The commission shall use learning, [or] neural network,

- 1 or other technology to identify and deter fraud in Medicaid
- 2 throughout this state.
- 3 (c) The data used for data [neural network] processing shall
- 4 be maintained as an independent subset for security purposes.
- 5 (g) Each month, the [learning or neural network] technology
- 6 implemented under this section must match vital statistics unit
- 7 death records with Medicaid claims filed by a provider. If the
- 8 commission determines that a provider has filed a claim for
- 9 services provided to a person after the person's date of death, as
- 10 determined by the vital statistics unit death records, the
- 11 commission shall refer the case for investigation to the
- 12 commission's office of inspector general.
- SECTION 5. Section 531.1061(b), Government Code, is amended
- 14 to read as follows:
- 15 (b) For each case of suspected fraud, abuse, or insufficient
- 16 quality of care identified by the [<del>learning or neural network</del>]
- 17 technology required under Section 531.106, the automated fraud
- 18 investigation tracking system must:
- 19 (1) receive electronically transferred records
- 20 relating to the identified case from the [learning or neural
- 21 network] technology;
- 22 (2) record the details and monitor the status of an
- 23 investigation of the identified case, including maintaining a
- 24 record of the beginning and completion dates for each phase of the
- 25 case investigation;
- 26 (3) generate documents and reports related to the
- 27 status of the case investigation; and

- 1 (4) generate standard letters to a provider regarding
- 2 the status or outcome of an investigation.
- 3 SECTION 6. Section 531.1131, Government Code, is amended by
- 4 amending Subsections (a), (b), and (c) and adding Subsections
- 5 (c-1), (c-2), and (c-3) to read as follows:
- 6 (a) If a managed care organization [organization's special
- 7 investigative unit under Section 531.113(a)(1) or an [the] entity
- 8 with which the managed care organization contracts under Section
- 9 531.113(a)(2) discovers fraud or abuse in Medicaid or the child
- 10 health plan program, the organization [unit] or entity shall:
- 11 (1) immediately submit written notice to [and
- 12 contemporaneously notify] the commission's office of inspector
- 13 general and the office of the attorney general in the form and
- 14 manner prescribed by the office of inspector general and containing
- 15 a detailed description of the fraud or abuse and each payment made
- 16 to a provider as a result of the fraud or abuse;
- 17 (2) subject to Subsection (b), begin payment recovery
- 18 efforts; and
- 19 (3) ensure that any payment recovery efforts in which
- 20 the organization engages are in accordance with applicable rules
- 21 adopted by the executive commissioner.
- (b) If the amount sought to be recovered under Subsection
- 23 (a)(2) exceeds \$100,000, the managed care organization
- 24 [organization's special investigative unit] or the contracted
- 25 entity described by Subsection (a) may not engage in payment
- 26 recovery efforts if, not later than the 10th business day after the
- 27 date the organization [unit] or entity notified the commission's

- l office of inspector general and the office of the attorney general
- 2 under Subsection (a)(1), the <u>organization</u> [unit] or entity receives
- 3 a notice from either office indicating that the organization [unit]
- 4 or entity is not authorized to proceed with recovery efforts.
- 5 (c) A managed care organization may retain one-half of any
- 6 money recovered under Subsection (a)(2) by the organization
- 7 [organization's special investigative unit] or the contracted
- 8 entity described by Subsection (a). The managed care organization
- 9 shall remit the remaining amount of money recovered under
- 10 Subsection (a)(2) to the commission's office of inspector general
- 11 for deposit to the credit of the general revenue fund.
- 12 (c-1) If the commission's office of inspector general
- 13 notifies a managed care organization under Subsection (b), proceeds
- 14 with recovery efforts, and recovers all or part of the payments the
- 15 organization identified as required by Subsection (a)(1), the
- 16 organization is entitled to one-half of the amount recovered for
- 17 each payment the organization identified after any applicable
- 18 federal share is deducted. The organization may not receive more
- 19 than one-half of the total amount of money recovered after any
- 20 applicable federal share is deducted.
- 21 (c-2) Notwithstanding any provision of this section, if the
- 22 commission's office of inspector general discovers fraud, waste, or
- 23 abuse in Medicaid or the child health plan program in the
- 24 performance of its duties, the office may recover payments made to a
- 25 provider as a result of the fraud, waste, or abuse as otherwise
- 26 provided by this subchapter. All payments recovered by the office
- 27 under this subsection shall be deposited to the credit of the

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- 1 general revenue fund.
- 2 (c-3) The commission's office of inspector general shall
- 3 coordinate with appropriate managed care organizations to ensure
- 4 that the office and an organization or an entity with which an
- 5 organization contracts under Section 531.113(a)(2) do not both
- 6 begin payment recovery efforts under this section for the same case
- 7 of fraud, waste, or abuse.
- 8 SECTION 7. Section 531.1131, Government Code, as amended by
- 9 this Act, applies only to an amount of money recovered on or after
- 10 the effective date of this Act. An amount of money recovered before
- 11 the effective date of this Act is governed by the law in effect
- 12 immediately before that date, and that law is continued in effect
- 13 for that purpose.
- 14 SECTION 8. If before implementing any provision of this Act
- 15 a state agency determines that a waiver or authorization from a
- 16 federal agency is necessary for implementation of that provision,
- 17 the agency affected by the provision shall request the waiver or
- 18 authorization and may delay implementing that provision until the
- 19 waiver or authorization is granted.
- SECTION 9. This Act takes effect immediately if it receives
- 21 a vote of two-thirds of all the members elected to each house, as
- 22 provided by Section 39, Article III, Texas Constitution. If this
- 23 Act does not receive the vote necessary for immediate effect, this
- 24 Act takes effect September 1, 2017.

### FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 11, 2017

**TO:** Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB2379 by Price (Relating to the functions and administration of the Health and Human Services Commission and the commission's office of inspector general in relation to fraud, waste, and abuse in health and human services.), As Passed 2nd House

Depending upon the amount collected by MCOs from providers in managed care and remitted to the state, there would be a indeterminate positive fiscal impact to the state.

The bill would amend the Government Code to define the administrative support functions related to legal services the Health and Human Services Commission (HHSC) would provide to the commission's Office of Inspector General (IG), expand the definition of the technology utilized by the IG to identify and deter fraud in Medicaid, and clarify the process for managed care organizations (MCOs) and the IG in relation to payment recovery efforts from fraud and abuse investigations.

The bill would take effect immediately upon a two-thirds vote from all members of each house or, if such a vote is not received, on September 1, 2017.

Based on the Legislative Budget Board (LBB) analysis of HHSC and the IG, duties and responsibilities associated with defining the administrative support functions related to legal services and expansion of the definition of the technology used to identify and deter fraud in Medicaid could be accomplished by utilizing existing resources.

Section six of the bill would allow MCOs to retain one-half of payment recovery efforts collected from providers that the MCO identified were paid as a result of fraud or abuse. The MCO would be required to remit the other half of the recovery to the IG and, pursuant to Article IX, Section 8.02, Reimbursements and Payments, 2016-17 General Appropriations Act, be deposited to General Revenue in the treasury. The funds would not be available for expenditure unless appropriated by the General Appropriations Act.

Currently, MCOs may retain any funds collected from providers through payment recovery efforts that the MCO identified were paid as a result of fraud or abuse under Texas Administrative Code, Section 353.505. According to the Comptroller of Public Accounts, the amount that would be remitted to the IG and deposited in the treasury under the provisions of the bill cannot be determined.

Based on the LBB analysis, there would be an indeterminate positive fiscal impact to the state depending upon the amount collected by MCOs from providers in managed care and remitted to the state.

### **Local Government Impact**

No fiscal implication to units of local government is anticipated.

Source Agencies:

304 Comptroller of Public Accounts, 529 Health and Human Services

Commission

LBB Staff: UP, TBo, KCA, EP, SD, LCO

### FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

### May 4, 2017

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

**IN RE:** HB2379 by Price (Relating to the functions and administration of the Health and Human Services Commission and the commission's office of inspector general in relation to fraud, waste, and abuse in health and human services.), **Committee Report 2nd House, Substituted** 

Depending upon the amount collected by MCOs from providers in managed care and remitted to the state, there would be a indeterminate positive fiscal impact to the state.

The bill would amend the Government Code to define the administrative support functions related to legal services the Health and Human Services Commission (HHSC) would provide to the commission's Office of Inspector General (IG), expand the definition of the technology utilized by the IG to identify and deter fraud in Medicaid, and clarify the process for managed care organizations (MCOs) and the IG in relation to payment recovery efforts from fraud and abuse investigations.

The bill would take effect immediately upon a two-thirds vote from all members of each house or, if such a vote is not received, on September 1, 2017.

Based on the Legislative Budget Board (LBB) analysis of HHSC and the IG, duties and responsibilities associated with defining the administrative support functions related to legal services and expansion of the definition of the technology used to identify and deter fraud in Medicaid could be accomplished by utilizing existing resources.

Section six of the bill would allow MCOs to retain one-half of payment recovery efforts collected from providers that the MCO identified were paid as a result of fraud or abuse. The MCO would be required to remit the other half of the recovery to the IG and, pursuant to Article IX, Section 8.02, Reimbursements and Payments, 2016-17 General Appropriations Act, be deposited to General Revenue in the treasury. The funds would not be available for expenditure unless appropriated by the General Appropriations Act.

Currently, MCOs may retain any funds collected from providers through payment recovery efforts that the MCO identified were paid as a result of fraud or abuse under Texas Administrative Code, Section 353.505. According to the Comptroller of Public Accounts, the amount that would be remitted to the IG and deposited in the treasury under the provisions of the bill cannot be determined.

Based on the LBB analysis, there would be an indeterminate positive fiscal impact to the state depending upon the amount collected by MCOs from providers in managed care and remitted to

the state.

### **Local Government Impact**

No fiscal implication to units of local government is anticipated.

Source Agencies:

304 Comptroller of Public Accounts, 529 Health and Human Services

Commission

LBB Staff: UP, TBo, KCA, EP, SD, LCO

### FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

### May 1, 2017

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB2379 by Price (Relating to the provision of legal services to the office of inspector general of the Health and Human Services Commission.), As Engrossed

#### No significant fiscal implication to the State is anticipated.

The bill would amend the Government Code to define the administrative support functions related to legal services the Health and Human Services Commission (HHSC) would provide to the Office of Inspector General. HHSC currently provides certain legal services for the Office of Inspector General, but some services are performed by employees reporting to and managed by the Office of Inspector General. The bill would consolidate these administrative support functions related to legal services at HHSC.

The bill would take effect immediately upon a two-thirds vote from all members of each house or, if such a vote is not received, on September 1, 2017.

Based on the Legislative Budget Board analysis of the Office of Inspector General and the HHSC, duties and responsibilities associated with consolidating administrative support functions related to legal services could be accomplished by utilizing existing resources.

#### **Local Government Impact**

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KCA, EP, TBo

### FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

### March 23, 2017

TO: Honorable Richard Peña Raymond, Chair, House Committee on Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

**IN RE:** HB2379 by Price (Relating to the provision of legal services to the office of inspector general of the Health and Human Services Commission.), As Introduced

### No significant fiscal implication to the State is anticipated.

The bill would amend the Government Code to define the administrative support functions related to legal services the Health and Human Services Commission (HHSC) would provide to the Office of Inspector General. HHSC currently provides certain legal services for the Office of Inspector General, but some services are performed by employees reporting to and managed by the Office of Inspector General. The bill would consolidate these administrative support functions related to legal services at HHSC.

The bill would take effect immediately upon a two-thirds vote from all members of each house or, if such a vote is not received, on September 1, 2017.

Based on the Legislative Budget Board analysis of the Office of Inspector General and the HHSC, duties and responsibilities associated with consolidating administrative support functions related to legal services could be accomplished by utilizing existing resources.

### **Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Health and Human Services Commission

LBB Staff: UP, KCA, EP, TBo